Application for Employment

For Proper Processing:

- Applications will only be accepted for advertised vacancies.
- A separate application must be submitted for each vacancy.
- The completion of this application represents your ability to provide written communication and follow directions. Incomplete or illegible applications will not be processed.
- Use exact Sierra County job title from the position announcement.

Instructions for Completing this Application: Use this application to demonstrate how your education, training and experience are relevant to the requirements of the job for which you are applying. If you require special accommodations to complete the application or in any testing process, please notify the agency to which you are applying of your requirement. For additional information call 575-894-6215.

- 1. Type or print legibly in black or blue ink.
- 2. Give complete employment information on application. Use supplemental sheets if necessary.
- 3. Dates of employment must show both the month and year.
- 4. Any diplomas certificates and/or licenses required for the position must be attached to the application.
- 5. Sign and Date the Application, Keep a Copy for Yourself
- 6. Return completed application to the agency to which you are applying or to Sierra County (Human Resources) as specified in the position announcement.

Position Applied for:				
PERSONAL INFORMATION				
LAST NAME	FIRST		MIDDLI	E
TELEPHONE (HOME)	(WORK)		(CELLPHONE)	
ADDRESS: STREET	CITY		STATE	ZIP CODE
ARE VOLLARRI VINC FOR	naut time list days and he	uwa ayailahla		DATE AVAILABLE FOR WORK
ARE YOU APPLYING FOR: Full Time	part-time, list days and ho	urs available		DATE AVAILABLE FOR WORK
Full time 1/2 time 3/4 time				
DO YOU POSSESS A VALID DRIVER'S LICENSE?	Yes No			
Driver's License #:	State:	Expiration Date:		
OFFER OF EMPLOYMENT IS CONDITIONED UPON SA				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U	NITED STATES OF AMERICA	? Yes No	VISA TYPE (If applica	able)
HAVE YOU HAD PRIOR SIERRA COUNTY EMPLOYMEN	IT? Yes No			
IF YES. (Date(s) employed).	(Where)		(Title)	
(Date(s) employed).	(Where)		(Title)	

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		VG*							
HIGH SCHOOL					Yes		NDICATE HI	IGHEST GR	ADE
G.E.D. EQUIVALENCY][No	COMPLI	ETED		
COLLEGE				ı	Yes	MAJOR		D	EGREE
UNIVERSITY				ji	No				
OTHER SCHOOL(S) OR	Ì					FIELD O	F STUDY:		
TRAINING									
copy of relevant	Transcripts, Degi	ees or Diplomas mi	ust be attached						
T ALL SPECIAL JO	OB SKILLS OR Q	UALIFICATION YO	U CONSIDER F	RELEVANT	TO THE	POSITI	ON FOR \	WHICH	YOU ARE APPLYIN
MPLOYMEN1	T HISTORY								
		MENT EXPERIENC	E STARTING W	ITH YOUF	R MOST	RECEN	T POSITIO	ON. INCI	LUDE ANY RELEVA
ASE DESCRIBE V	OUR EMPLOY	MENT EXPERIENCE D ADDITIONAL S							
ASE DESCRIBE	OUR EMPLOY								
ASE DESCRIBE NUMBER WORK	OUR EMPLOY (. IF YOU NEE		PACE, CONTII	NUE ON A	A SUPP				
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ASE DESCRIBE NUMBER WORK	OUR EMPLOY C. IF YOU NEE		PACE, CONTII	NUE ON A	A SUPP	LEMEN	TAL SHEI	ET AND	ONTACT THIS EMPLOY
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ASE DESCRIBE NORING PLICATION. NAME OF EMPLOY SUPERVISOR'S NA	OUR EMPLOY C. IF YOU NEE		ADDF SUPE FROM	RESS (CITY, S'	TATE) LEPHONE TO MO	NUMBER	STARTING	MAY WE CO	ONTACT THIS EMPLOY
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SUPERVISOR'S NA YOUR JOB TITLE CHECK ONE: FULL TIME	OUR EMPLOY C. IF YOU NEE	HOURS PER WEEK	ADDF SUPE FROM	RESS (CITY, S'	TATE) LEPHONE TO MO	NUMBER	STARTING	MAY WE CO	ONTACT THIS EMPLOY

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REASON FOR SEPARATION:

EN	IPLOYMENT H	ISTORY (d	continued)								
2	NAME OF EMPLOYER SUPERVISOR'S NAME			ADDRESS (CITY, STATE)							
				SUPERVISOR'S TELEPHONE NUMBER MAY WE CONTACT THIS EMPLOYER?						MPLOYER?	
									Yes	No	
	YOUR JOB TITLE			FROM: MO./YR.	_	TO MO./YR.	START	ING SALARY	PRESENT FINA	L SALARY	
	CHECK ONE: HOURS PER WEEK			NUMBER OF EMP	PLO	OYEES SUPERVISE	D:				
	FULL TIME PART TIME										
	MAJOR RESPONSIBILIT	MAJOR RESPONSIBILITIES, DUTIES AND EXPERIENCE:									
	REASON FOR SEPARAT	ION:									
B	NAME OF EMPLOYER				ADDRESS (CITY, S	Τ.	TE\				
	NAME OF LIMPLOTER				ADDRESS (CITT, S	, 1,	(IL)				
	SUPERVISOR'S NAME				SUPERVISOR'S TELEPHONE NUMBER MAY WE CONTACT THIS EMPLOYER?						
	SOI ERVISORS WAINE									Yes	No
	YOUR JOB TITLE				FROM: MO./YR. TO MO./YR. STAR			START	TING SALARY PRESENT FINAL SALA		
	TOOK JOB TITLE	R JOB TITLE		PROM. MO./TR.	Γ	TO WIO./TK.	START	ING SALAKT	PRESENT FINA	AL SALART	
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	CHECK ONE:	PART TIME	HOURS PER WEEK		NUMBER OF EMP	PLO	OYEES SUPERVISE	: <u>D:</u>			
	MAJOR RESPONSIBILIT	IES, DUTIES AN	D EXPERIENCE:								
	REASON FOR SEPARAT	ION:									
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EN	MPLOYMENT HISTORY (continued)						
4	NAME OF EMPLOYER	ADDRESS (CITY, STATE)						
	SUPERVISOR'S NAME		SUPERVISOR'S TEL	EPHONE NUMBER	MAY WE C	ONTACT THIS EMPLOYER?		
			Yes No					
	YOUR JOB TITLE		FROM: MO./YR.	TO MO./YR.	STARTING SALARY	PRESENT FINAL SALARY		
	CHECK ONE:	HOURS PER WEEK	NUMBER OF EMP	LOYEES SUPERVISE	ED:			
	FULL TIME PART TIME							
	MAJOR RESPONSIBILITIES, DUTIES AN	ID EXPERIENCE:						
	REASON FOR SEPARATION:							
	NAME OF EMPLOYER		ADDRESS (CITY, STATE)					
	SUPERVISOR'S NAME		SUPERVISOR'S TELEPHONE NUMBER MAY WE CONTACT THIS EM					
						YesNo		
	YOUR JOB TITLE		FROM: MO./YR.	TO MO./YR.	STARTING SALARY	PRESENT FINAL SALARY		
	CHECK ONE:	HOURS PER WEEK	NUMBER OF EMP	LOYEES SUPERVISE	<u>:D:</u>			
	FULL TIME PART TIME							
	MAJOR RESPONSIBILITIES, DUTIES AN	ID EXPERIENCE:						
	REASON FOR SEPARATION:							

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REFERENCES

LIST THREE (3) PEOPLE WHO ARE NOT PREVIOUS EMPLOYERS AND WHO ARE FAMILIAR WITH YOUR WORK.

NAME	ADDRESS	TELEPHONE NUMBER	PROFESSIONAL RELATIONSHIP	YEARS KNOWN

APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

The information I have provided in this application for employment is true, correct, and complete to the best of my knowledge. I understand that supplying false or misleading information is grounds for disqualification from further consideration for employment or for dismissal if discovered at a later date.

- I authorize a background investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.
- I understand that once my application is submitted it becomes a matter of public record.

Applicant's Signature	 Date

THE COUNTY OF SIERRA IS AN EQUAL OPPORTUNITY EMPLOYER

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